

**Abstract 439**

**TITLE:** The REAL Youth Center: A New Approach to Integrating Health Care and Prevention Strategies Targeting the Asian and Pacific Islander Youth Population

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**ISSUE:** A large service gap exists in the face of the growing health care needs of Asian and Pacific Islander (API) youth ages 12-24. The API youth population shows evidence of increased sexual activity, yet API youth have significantly less knowledge about safer sex methods and have the lowest understanding of HIV and other STIs compared to other racial groups. Cultural and immigration patterns of certain API populations place these adolescents at high risk for HIV/STIs. To exacerbate this problem, there is a lack of clinical services for API youth that are both youth sensitive and culturally competent.

**SETTING:** Intervention takes place through our "Responsible, Educated, and Active for Life" (REAL) Youth Center, part of our community health center in Los Angeles, targeting the Hollywood, Silver Lake, Echo Park areas, where the poverty rates and uninsured rates for API youth are among the highest in Los Angeles County.

**PROJECT:** To address these needs and issues, Asian Pacific Health Care Venture, Inc. (APHCV) has implemented the following activities: (1) the integration of HIV, STI, reproductive health, and other clinical services with culturally competent socialization activities (i.e., cultural activities, academic development, job training/placement, recreation, art/writing workshops, health education, support groups, mental health services, field trips, and sports) through the development of a comprehensive youth center; (2) hiring bicultural/bilingual API youth staff; (3) aggressive outreach and promotion of services, including a media campaign targeting API young people; (4) implementing API youth-led support groups that address identity issues, family relations, generation gaps, cultural barriers, health-related issues, accessing services, etc.; and (5) developing community linkages to schools, community-based organizations, other youth service providers, and after-school programs.

**RESULTS:** Results include increased access of API youth to health care services; increased number of API youth who seek to pursue careers in the health field; a reduction in the stigma of HIV, STIs, testing, sex, and safer sex and contraception practices among API young people.

**LESSONS LEARNED:** APHCV's experiences thus far imply the need for youth-friendly and culturally competent comprehensive care that integrates socialization activities with medical services; the involvement of youth in the planning and implementation of targeted API youth services; and the need for a strong outreach and promotional component.

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